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17. ABSTRACT (MAX. 250 WORDS) The spread of health and day care services for migrant children in Kansas in 1963 was described. In addition to a general treatment of the subject, programs in each county were described separately because of local variation, although they were all very similar.

Money was appropriated by the Kansas Legislature in 1963 to the Kansas State Department of Health for continuation of the day care center and health program at Holcomb, Kansas. The idea of day care and associated health services was adopted in neighboring counties of Kearny, Grant, and Wichita. In Kearny County, the public health nurse, who served as a volunteer worker in the Holcomb program the previous year, assisted community groups in developing a day care center and health program. The Division of Maternal and Child Health arranged with local and district health offices to extend health services to Wichita and Kearny Counties, and to begin a health survey in Grant County. In Wyandotte County, a health survey was initiated by the local health department, and a day care center was conducted by local church groups. The centers at Leoti, in Wichita County, and at Ulysses, in Grant County, offered care in the morning only. Two Spanish speaking staff workers assisted the community groups in coordinating and interpreting the program to migrant families, and worked directly with health personnel as interpreters on health matters.

Health services were provided by State, local, and district health offices and local physicians, dentists, and nurses. They included a medical record for each child in the center, a medical history, a complete physical examination, screening programs (vision, hearing, dental), tuberculin testing, hemoglobin determinations, and immunizations. Referral was made locally to private physicians and dentists for necessary treatment and to the families' home state when treatment could not be completed in Kansas.

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"...unto the least of these..."

U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
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A Report on Health and Day Care Services For Children of Migrant Workers Kansas – 1963

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KANSAS STATE DEPARTMENT OF HEALTH

THE CENTER FOR CULTURAL STUDIES
Adams State College of Colorado
Alamosa

A REPORT ON HEALTH AND DAY CARE SERVICES

FOR CHILDREN OF MIGRANT WORKERS

KANSAS - 1963

HEALTH, EDUCATION AND FUN FOR MIGRANT'S CHILDREN

...Courtesy of the Hutchinson News

ED002613

KANSAS STATE DEPARTMENT OF HEALTH
Division of Maternal and Child Health

HEALTH SERVICES FOR MIGRANT CHILDREN IN DAY CARE - 1963

INTRODUCTION

The development of health services to migrant families had its beginning in the summer of 1962, with a demonstration full day care center and associated health services for migrant children in Finney County. An earlier survey had revealed poor living conditions in widely scattered housing, inadequate supervision of children while parents worked in the fields, poor nutrition and lack of health supervision. Besides providing proper care of migrant children in a suitable environment, the day care center served as an excellent medium through which health services could be provided.

Holcomb center in Finney County was supported with special funds from the Kansas State Department of Health under the direction of the Department of Home Economics, Kansas State University, and in cooperation with the local Council of Churches and the Migrant Ministry of the National Council of Churches.

It was a natural extension of a part-day play group and bible school, operated in the summer of 1961 by the local Ministerial Alliance. During 1962, it was better housed in an elementary school and adequately staffed with full-time trained nursery school staff and volunteers. Simultaneously the church group extended their program to full day care of the school age group in a church center. Transportation to and from the center and the noon meal served at the elementary school for both groups, were part of the demonstration service. There were approximately 65 children cared for in the program.

The health services, associated with the day care program at Holcomb, were provided by state, local and district health offices and local physicians, dentists and nurses. These services included the initiation of a medical record for each child in the center, a medical history, and complete physical examination, screening programs (vision, hearing, dental), tuberculin testing, hemoglobin determinations, and immunizations. Referral was made locally to private physicians and dentists for necessary treatment or correction of defects, and to the families' home state when treatment could not be completed in Kansas. The American Medical Association's Family Health Record was given to each family at the close of the session.

The demonstration center was strongly supported by the community and received favorable local and state publicity. During the same summer, the Migrant Ministry, in cooperation with the local Council of Churches in Wichita County, initiated a morning bible school and play group for migrant children. Health services were not provided in Wichita County during 1962.

The 1963 Legislature appropriated money to the Kansas State Department of Health for continuation of the day care center and health program at Holcomb, Kansas.

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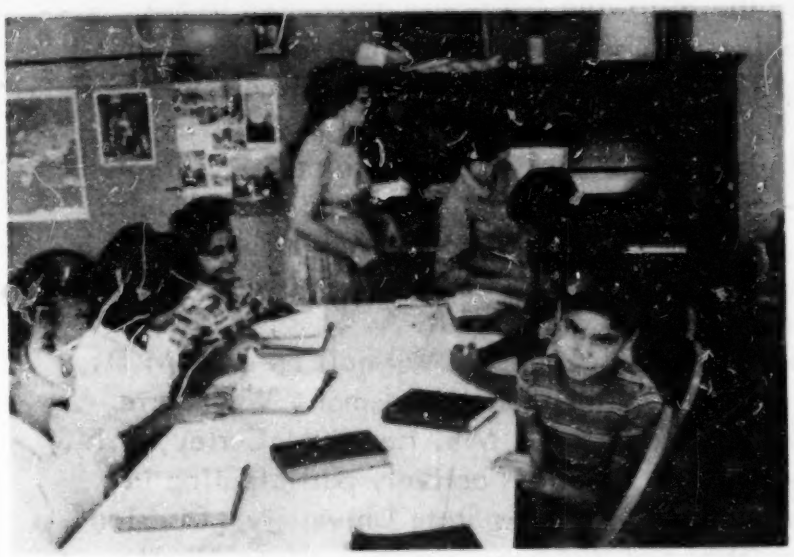
The idea of day care and associated health services spread in 1963 to neighboring counties of Kearny, Grant and Wichita. In Kearny County, the public health nurse, who served as a volunteer worker in the Holcomb program the previous year, assisted community groups in developing a day care center and health program. The Division of Maternal and Child Health arranged with local and district health offices for extension of health services to Wichita and Kearny Counties and a beginning health survey in Grant County. A the opposite end of the state, in Wyandotte County, a health survey was initiated by the local health department and a day care center was conducted by local church groups. The centers at Leoti, in Wichita County, and Ulysses, in Grant County, offered care in the morning only.

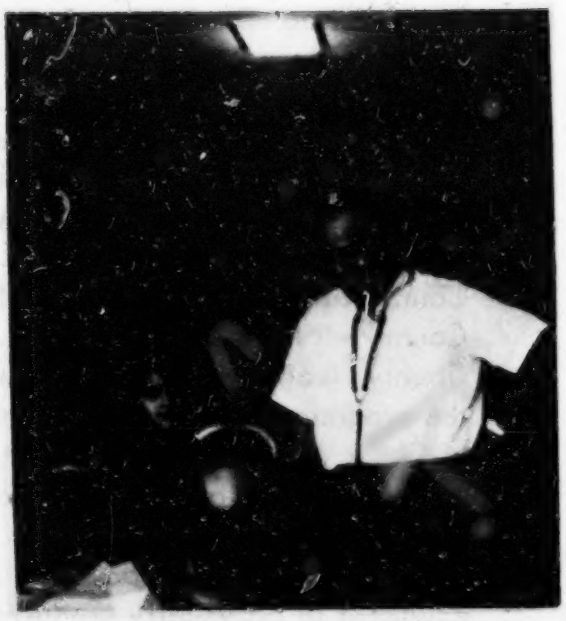
The Migrant Ministry, of the National Council of Churches, placed two staff workers, Mr. Frank Tamez and Miss Delores Luna, in these counties during the months of program activities. These staff workers, who were Spanish speaking, assisted the community groups in coordinating and interpreting the program to migrant families, and worked directly with health personnel as interpreters on health matters.

Within the State Health Department, the following divisions contributed to the success of the program: Medical Health Services - Miss Conie Focte, Nutritionist; Miss Roberta Foote, R.N., Director, Public Health Nursing; Dr. Arnold Gilbert, Pediatrician; Dr. Willard Bellinger, Dentist, Division of Dental Hygiene; Mrs. Virginia Lockhart, Director, Division of Health Education; Dr. Patricia Schloesser, Director, Mrs. Shirley Norris, Day Care Supervisor, both of Division of Maternal and Child Health; Miss Lena Bierdeman, Public Health Nurse, District I; and Miss Myra Sloan, Public Health Nurse, District II. The local health department staffs active in the programs were: Finney County -- Dr. Robert Fenten, Miss Irene Hoyt; Kearny County - R. A. Sabo, D.O., County Health Officer, and Miss Clara Fawcett; Grant County - Marshall Brewer, M.D., County Health Officer. A health survey was made by Miss Lena Bierdeman. Wyandotte County - Nellie Walker, M.D., County Health Officer, and Mrs. Hester McCurley, R.N., County Health Nurse. Other state agencies and organizations actively participating in the program included: Department of Home Economics, Kansas State University; Division of Child Welfare Services, State Department of Social Welfare; county welfare departments, Ministerial Alliance and the Migrant Ministry of the National Council of Churches.

In addition to day care and basic health supervision, the programs were outstanding examples of community organization of lay and professional groups working for a common concern.

Although the programs in each county had similar aspects, they will be described separately because of local variation.





FINNEY COUNTY

An organizational meeting was held in April in Topeka with representatives of the State Health Department, Kansas State University, and the Garden City Ministerial Alliance. Arrangements were made for the Kansas State Health Department to contract with the Department of Home Economics, Kansas State University, to organize and operate, in cooperation with local community groups, the day care center for 30 perschool children at the Holcomb elementary school. The contract provided funds for the operation of the day care center for children 3 through 6 and separate care for children under 3, in day care homes; transportation for both preschool and school age children and noon meals. The local Council of Churches operated the church school at the Holcomb Community Church for children ages 7 through 14, every morning until noon. These children were then transported to the Holcomb school for the noon meal and remained at the school in the afternoon for remedial school classes. Last year's experience pointed to the need for more remedial education by trained teachers for the school age group. Arrangements for obtaining qualified teachers locally were made by the community. The Council of Churches provided volunteer staff to assist in the preschool center and the church school. Health services, similar to those of 1962, were offered.

Day Care Center

The day care center was open five days a week, 8:00 A.M. to 4:30 P.M., June 17 through July 18, 1963. The preschool center was directed by Miss Ivalee McCord, assisted by Miss Janet Huntsinger, both of the Family and Child Development Department, Kansas State University. Volunteer workers from Garden City and Holcomb also assisted. The preschool center was conducted at Holcomb community school. These quarters were spacious, suitably designed for the age groups and furnished with excellent outdoor and indoor play equipment provided by the school, Kansas State University, and the community. The children received mid-morning and mid-afternoon nourishment -- milk and cookies in the morning and a well-balanced noon meal which was prepared in the school kitchen. The preschool group had a rest period on suitable cots in the afternoon. One unique feature of the school center was the daily showering at the school. Although this activity was greatly appreciated by the children since they have inadequate bathing facilities at home, one child did suffer a minor injury from a fall in the shower.

One undesirable feature in the school building was the lack of screens and air-conditioning as the temperature was frequently 100 degrees and over, and the doors could not remain open due to flies, which were a problem throughout Western Kansas this summer.

Each day two health films, obtained from the State Department of Health film library, were shown at the school. Handwashing was another health activity stressed. The older group were taken to the Garden City swimming pool once a week in the afternoons.

Again this year it was noted that the children were sent to school clean and well-dressed, in spite of such limited washing facilities in their make-shift housing, thus reflecting the interest the families have in their children and in the school program.

Within the school building a health room was set up for the nurse for use in her regular visits to the center as well as for the initial examinations and screening activities.

Once a week the Holcomb school was used for a family night gathering sponsored

by the Council of Churches. Health films were shown regularly at these meetings. The family night also offered an opportunity for the public health nurse to counsel with families regarding family health problems.

Health Program

As last year, the county medical society agreed to see children referred for treatment from the physical screening program. The physical examinations were performed by Dr. Gilbert, a pediatrician from the State Health Department, and by the county health officer, Dr. Robert Fenton. This year, rather than examining the children during the hours of the day center's operation, child health conferences, with the parent present, were scheduled one week prior to the beginning of the center. The families were prescheduled for the child health conferences by the public health nurse, Miss Irene Hoyt, and the Migrant Ministry worker, Mr. Frank Tarnez. Twenty-seven children were examined on Saturday, June 8, 1963, and 42 on Sunday, June 9, 1963. Volunteers assited in the child health conference under the supervision of the public health nurse. Medical histories and permission forms for immunizations and tuberculin testing were obtained at the conference, and medical records, as required by the Group Day Care regulations, for each child attending the day care center, were completed. Also included in the conference were children who were either too young or too old to attend the day care center. The Spanish speaking volunteers were of considerable assistance to the physicians in communicating with the parents. Due to the language difficulties, communication was a slow, laborious process. Dr. Gilbert assessed the migrant families attitude toward the child health conference as follows: "The families were patiently willing to wait up to many hours to be seen for the examinations. They clearly expressed a willingness to participate in a program of medical examinations. They seemed to want to know primarily whether each child was 'sick' or 'well.' Although interested in the results of the examinations, the parents were not very receptive to a discussion of overall child health problems such as immunizations, improved hygiene, use of vitamins, powdered milk, etc. There seemed to be an attitude of reluctance to follow through on specific advice when this involved a possible visit to a physician's office for actual treatment. I suspect this involved fear of physicians as well as the wish to avoid spending money. The mother of the girl suspected of having congenital heart disease last year, brought other members of her family but not that child."

Health histories were obtained on 88 children which included some infants in addition to the preschool and school children. The histories reflected a high incidence of diarrhea and pneumonia in infancy and frequent upper respiratory infections with draining ears.

Examples of significant histories were:

-- A five year old child with a history of vomiting blood when two years old from poisoned weeds. The child was hospitalized for a week with convulsions.

-- An eight and a half year old boy who throws temper tantrums when angry and whose mother asked for help in the management of this problem.

-- A five year old girl with an eye infection last winter, which upon physical examination revealed a corneal opacity and a stye of the other eye.

-- One child who required a blood transfusion in infancy due to "passing out."

-- Two children with histories of convulsions repetitively with fever.

Major conditions found among the 69 children examined at the child health conference were:

-- Four children who were obese; a 6-1/2 year old girl, a 3 year old boy and 9 and 10 year old boys.

-- Eight small and undernourished children.

-- Two children with pronounced malocclusion and one child with crooked incisors in need of orthodontia.

-- A twelve year old boy with partial repair of a cleft palate and a speech defect. (The initial repair was initiated by the program last year and completion of the surgical repair and speech therapy will be carried out in Texas this Fall.)

-- Two children with convulsive disorders - repetitive.

-- A twelve year old girl with a polyp of her vocal chord. The same child has a loss of visual acuity -- 20/200 rt. - 20/100 left.

-- Two children with acute otitis media bilateral.

-- A twenty-month old girl with mongolism.

-- An eight month old girl with acute tonsilitis and otitis media with perforation -- also chronic bronchitis and malnutrition. Weight was 11 lbs, 8 oz. Mother has tuberculosis of questionable activity.

-- A five year old girl with a left corneal opacity; stye right upper lid, a positive skin test for Tb. and chest x-ray changes. Isoniazid treatment is recommended.

-- Retarded development in a two year old boy with an open anterior fontanelle.

-- Three children with anemia clinically; a year old child and two year old twins.

-- A five year old boy with a slight deformity of the right arm which was broken when he was two.

-- Two children whose ear drums showed pathology from healed perforations, one of whom had fluid and did not have his hearing tested in the program.

-- A malodorous vaginal discharge in a 6-1/2 year old girl.

Family Patterns

Feeding practices on a sampling revealed that of 11 families, 9 mothers nursed all

of their infants and two mothers bottle fed the infants.

The families were large - many had 6 to 10 children and the mothers gave histories of miscarriages and children who died in infancy.

Typical families were:

-- Ten children alive - 4 miscarriages.

-- Four children by cesarean section - 1 miscarriage.

-- Eight children in the family, 6 to 21 years. One infant had died with pneumonia.

-- Seven children in the family under eight years of age.

-- Six children alive; 3 miscarriages, 2 infants dead.

-- Five children all under 6; 2 miscarriages.

Tuberculosis

Sixty-nine tuberculin skin tests were administered; four of the families gave histories of tuberculosis or had positive skin tests. The history and test results were as follows:

1. History of tuberculosis but two children tested were negative.

2. The mother has a positive skin test and so does the 8 year old boy. The 8 month old infant is described above as the under-developed infant with chronic upper respiratory and lung infection. X-rays taken in 1962 and reviewed at Norton Sanatorium were: Mother - minimal tuberculosis, activity questionable; 8 and 6 year old boys - healed primary complex. (The 6 year old boy was reported to have a negative skin test.) Followup was incomplete in both summer of 1962 and 1963.

3. History of an uncle with tuberculosis; a five year old girl was found to have a positive skin test. The x-ray was reviewed at Norton and it was recommended that she be given Isoniazid. This is the same child that had a corneal opacity of one eye and a stye on the other. Four of her siblings were negative, however the two year old twins in the family have not been tested.

4. History of tuberculosis in a father and an uncle, and the 6-1/2 year old child is to be re-tested.

5. One child from a family with no known history of tuberculosis had an equivocal test. This child is a permanent resident and will be re-tested in the school.

Vision Screening

Thirty children were screened and two referrals were made. One child with 20/50 each eye and the other child with 20/200 and 20/100.

Hearing Screening

Of the 30 hearing tests performed, there were no abnormal findings. Some of the children who gave a history of having previous draining ears or chronic upper respiratory infection were not screened.

Measurements - Height and Weight

Of the 63 children, 18 children were in the 3 percentile group or less for height and weight, according to the Harvard growth chart. Thirteen of the 63 children were 3% or less (mostly less) for weight. It appeared that one in five was seriously underweight or undersized.

Dental

The dental inspections were conducted at the Center by the Garden City dentists with Dr. Richard Stone coordinating the program. Sixty-five children were inspected. There were 135 total decayed deciduous teeth; 34 total decaryed premanent teeth; 3 children with malocclusion; 17 children with extensive caries. Number of children having decayed permanent teeth - 12; children having decayed deciduous teeth - 35. There were 14 deciduous extractions indicated.

Immunization History

Number of children - 73.
No protection for DPT or DT - 48%; Polio - 27%; Smallpox - 75%.
Complete protection: For DPT - 29%; Polio - 38%; Smallpox - 25%.
Immunizations given through the program: Sabin, polio Type I - 64; DPT or DT - 42.

Miss Hoyt made 14 followup visits to migrant parents to interpret physical findings and advise the families upon referral. In addition, she held numerous consultations with families in the health room of the school on weekly family nights. The AMA family health record was initiated for each family seen in the program. Miss Hoyt expressed the opinion that the parents were more cooperative this year than in the past.

Health education pamphlets, films, medical records, history forms for permission slips, and family health records were furnished by the State Health Department.

Followup on positive tuberculin tests, x-rays for positive reactors and contacts were furnished by the Finney County Tuberculosis Association. The dentists agreed to provide dental care at lower rates when indicated. Children were referred for the correction of any defects to the Finney County doctors in alphabetical order.

Health personnel participating in the program at Holcomb were: Physical examinations - Dr. Arnold Gilbert and Dr. Robert M. Fenton. Nurses assisting in the child health conference, dental inspections and tuberculin testing: Miss Irene Hoyt, R.N., and Mrs. Orville Millsap, R.N. Dental inspections by Paul E. Meade, D.D.S., Charles Philbrick, D.D.S., T.S. Reese, D.D.S., and Richard L. Stone, D.D.S.

WICHITA COUNTY

For the second year, the Leoti community, under the direction of the Council of Churches and in cooperation with the Migrant Ministry, conducted a morning day care center for children. An addition to the day care center service for migrant children this year was the introduction of a comprehensive health service program as conducted in Finney County. The provision of these services was somewhat more difficult in that Wichita County does not have a local public health nurse who would be responsible for the program as was true in Finney and Kearny Counties. In order to meet this need, Miss Lena Bierdeman, Public Health Nurse, District I, accepted this responsibility. Dr. Cable, the health officer and only physician in Wichita County, agreed to assist in the development of this program. An initial planning meeting was held in June with representatives of the local and national Council of Churches. Miss Dolores Luna was the staff worker assigned by the Migrant Ministry, National Council of Churches, to work directly in the Leoti program. Mr. Bob Gramzon and Mrs. Bruce Winchester served as chairmen for the program. The Baptist church was made available by Rev. Ronald Teubner, to the group, for certain aspects of the health program.

Day Care Center

The day care center was held again this year in the display shed on the fairgrounds in Leoti, Kansas. The children were brought to the center at 8:30 A.M. by the volunteer church workers and returned to their home by the workers after 11:30 A.M. They were placed in groups according to their ages. At 10 A.M., nourishments were served (which were very population with the children). Indoor play material was increased in variety this year with the doll house corner and suitable puzzles and toys for preschool children. There was no large climbing equipment or outdoor play equipment available for use. The older children seemed to enjoy and benefit more from the center as there were more activities in which they could participate.

Toilet facilities were added this year in a separate building from the display shed.

Attendance varied between 40 and 65 children on differing days of operation. The center opened June 17, and continued each week day until July 17, 1963.

Home visits, to introduce the day care center and health program, were made to 36 families by Miss Luna of the Migrant Ministry, a Spanish-speaking person, and Miss Bierdeman, Public Health Nurse. Permission slips for examination, tuberculin testing and immunizations, as well as health histories, were obtained during these home visits. Of this original 36 families, 20 families sent their children regularly to the day care center. Sixteen families did not send their children to the center for a variety of reasons, as follows:

- Children ill with whooping cough - 2.
- Children not interested in going to group care center - 2.
- Mother ill and wanting the children with her - 1.
- Children too young to attend - 2.
- Family couldn't arrange for care of children after school - they lived in Marienthal, too far to bring the children back to the field - 3.
- No reason given for not attending the center - 6.

Health Histories

Health histories were obtained for 39 children. However, some health information was gathered for 65 children. The age range of the children for whom information is recorded was 6 to 13 years of age - 36; 2 to 5 years - 23; under 2 years - 3.

Pertinent information obtained from the health interview:

- 5 children with severe diarrhea in infancy;
- 2 children with draining ears at present;
- 6 children with pneumonia in infancy;
- 1 child with asthma;
- 1 child with allergy to penicillin;
- 2 children with discipline problems - "mean and don't mind."
- 1 family of 6, all of whom have frequent coughs and colds;
- 1 child with a history of severe anemia requiring transfusions;
- 1 child with hearing loss;
- 8 children in three families who had whooping cough during the summer.

Physical Examinations

The Baptist church provided very excellent facilities for physical examinations of the children in the center. They were transported to the church by volunteer workers and Miss Dolores Luna. Supplies for these examinations were brought from Gray and Finney Counties. Miss Myra Sloan, District Public Health Nurse, District VI, assisted Miss Bierdeman with the examinations. Examinations were also offered to families with children too young to attend the center.

The examinations were performed by Dr. Patricia Schloesser, State Health Department, assisted by Dr. Harvey Schloesser. Significant findings upon physical screening were:

- A 9-1/2 year old boy with acute tonsilitis and possible rheumatic heart disease, referred to a private physician for complete evaluation.
- An umbilical hernia in a 4-1/2 year old boy.
- Three children with hypertrophied tonsils -- two 10 year olds and a 7 year old.
- Skin problems -- psoriasis in a 10 year old girl and warts at corner of the mouth of a 7 year old boy.
- 3 children with multiple insect bites.
- Anemia: 2 children (7 and 8 years of age) who clinically appeared anemic.
- A 7 year old boy, post-polio, with severe muscular atrophy of the right leg. (This child had previously been seen by the Crippled Children's Commission in Texas and had been fitted with a brace which he had outgrown. He was referred to the Kansas Crippled Childrens Commission as members of the family were becoming permanent residents.
- A 5 year old girl with cerebral palsy, severe retardation, malnutrition and anemia.
- One acute injury to the mouth from a fall, with swelling and displacement of the incisors -- a 7 year old girl.
- Possible right inguinal hernia in a 4 year old boy.
- Severe malalignment of teeth in an 8-1/2 year old girl.

- A 13 year old boy with a draining right ear and acute tonsilitis; a history of repeated ear infections.
- Acute otitis media, bilateral, in an 18 month old boy with bloody discharge from the nose and whooping cough in May.
- Acute otitis left and bronchitis - a 7 year old child with whooping cough in May - a sibling of above.
- A 9 year old boy with a moderate alternating squint with multiple curious scars over his body which suggest that me may have been beaten. He is described as being a behavior problem and won't mind. He also has asthma, appears undernourished and, at the examination, had tonsilitis.
- Otitis media, bilateral and tonsilitis in a 6 year old girl.
- Ten children had evidence of low grade upper respiratory infection. Nasal exudate, infection of the throat, moderate enlargement of tonsils and ear drums with considerable vascularity.
- Vision problems:
    - A 3 year old girl with left strabismus, vision screening not done.
    - A 9 year old boy with the alternating squint mentioned above. Vision screening considered normal.
    - An 8-1/2 year old boy who is a permanent resident - vision screening 20/50 left; 20/50 rt.; 20/40 for both.
    - A 10 year old girl with poor coordination of the eyes; vision screening not done.
    - A 12 year old girl - eye coordination poor; vision screening 20/30.
    - An 8 year old boy who tilts his head. Vision screening 20/40.
- Whooping cough
    - Four children in one family, ages 5-1/2, 4-1/2, 2 and 3 mo., with whooping cough.
    - Two children in one family, ages 5-1/2 and an infant.
    - Two children listed above with a history of whooping cough in May.
- One child with possible congenital heart disease as noted by private physician in Tribune, Kansas.
- Orthopedic defects
    - One child with Genu valgum, severe pes planus and another with lumbar lordosis, were noted.
    - Two children who toed-in markedly.
- Pregnancy

    There were six mothers who were pregnant, mostly in the last trimester and only one of whom was under a physician's care prior to visits by the public health nurse. In each case, the woman began prenatal care following a conference with the nurse.

Tuberculosis Screening

Arrangements were made with Dr. Cable's office for tuberculin skin testing of the children in the center. Thirty-eight children were screened by Mrs. Inez Mora, Dr. Cable's Spanish-speaking nurse, and Miss Lena Bierdeman. There were no positives in this group. Previous arrangements had been made with the county chairman and field representative of the Health and Tuberculosis Association, for funds for x-ray should any positive reactors be found through the skin testing program.

Vision Screening

Vision screening was performed by Miss Doris Egbert, of Gray County who assisted Miss Lena Bierdeman.

- Three children were found to require referral.
- Three additional children were recognized upon physical examination.

Hearing Screening

Forty children had pure-tone audiometric testing performed by Miss Doris Egbert and Miss Lena Bierdeman. There were no positive findings. The results of this screening program seemed unusual in that the physical examinations revealed ear pathology as one of the major problems. It is possible that the children who participated in the hearing screening program were not those who were found by physical examinations. It is proposed that hearing screening be performed on this group again next year.

Dental Screening

Dental screening was performed by Dr. Willard Bellinger, the director of the Division of Dental Hygiene of the State Department of Health, since at the present time Wichita County does not have a dentist. Fifty children were screened. Twenty of these were found to be all right. The number of defects were: - 78 decayed deciduous teeth and 7 decayed permanent teeth. Ten children had extensive caries, i.e., more than 5 cavities.

Polio Clinic

A polio clinic was held on family night on the 14th and 21st and only 28 persons participated. This was very discouraging in that the levels for polio protection, according to the health histories, were extremely low. It was decided to limit Sabin polio to only the month of June in view of the increased incidence of polio usually after July.

Immunizations

Forty-six children were given one shot of DPT or DT by Miss Inez Mora of Dr. Cable's office, assisted by Miss Lena Bierdeman. The history of immunization levels is as follows:

No protection - 42; DPT or DT - 52%; Polio - 44%; Smallpox - 71%.
Complete protection: DPT - 32%; Polio - 19%; Smallpox - 29%

Height and Weight Determinations were made on 39 children by Miss Dolores Luna. They were plotted on Iowa curves and it was found that 14 of the children were 3% or less for height and weight. For weight only - 12 were 10% or under and of these, 9 were under 3%. By examination, 11 children appeared clinically to be undernourished or 1 in 4 children.

Home Visits

Home visits were made to 31 children concerning correction of defects and health problems. Health supervision contacts through home visits totaled 219. Home visits were

made on one day to five families, by Dr. Schloesser, Miss Bierdeman, Miss Myra Sloan, Miss Dolores Luna, and Miss Genevieve Stahl. two families, the visits included observation of housing as well as medical problems among the children and mothers and the other visits were to Marienthal where three families were housed in s eriously substandard housing.

From a selected number of typical home visits:

Family No. 1. - This family lives in a 4 room, partly modern house and has been in the community approximately six months. There are nine children rangin age from one year to twelve. A seven year old child had polio at eight months of age with paralysis of both limbs and residual paralysis, particularly of the right leg. The mother speaks halting English and with the help of the interpreter secured application papers for assistance through the Kansas Crippled Childrens Commission. Mr. Hollister, of the Community Chest and Salvation Army, agreed to secure the needed shoes or braces. Since the mother's ability to understand English is almost nil, the older children were most helpful in communicating explanations to the mother. The mother is in the first trimester of pregnancy and began prenatal care following a visit by the public health nurse. The four youngest children in the family have had whooping cough since the middle of June. At the first visit by the public health nurse, the infant was quite ill with vomiting and coughing. (The mother was persuaded to take the child to the doctor for treatment.) Two weeks later, at the visit by Dr. Schloesser, the infant appeared to be better. Vitamins with iron were left to be given to the younger children.

Family No. 2 - The mother, 25 years old, six children, three by a previous marriage, three by the present marriage, now several months pregnant, went to a physician for prenatal care following the public health nurse's first visit in regard to the children. Two of the younger children, one an 18 month old, and the other, 5 months, were still coughing from whooping cough contracted in May. The 18 month old had an acute ear infection and upon physical examination was treated by a local physician. A seven year old child also had an ear infection and was treated by a local physician. The father is 26, has an amputation of the left hand.

Family No. 3 - Five children, five years and under. The family lives in four small rooms at the rear of a house. The water for washing is carried from an irrigation ditch. There is a well in the yard for drinking water. The house was full of flies, the yard littered with trash. The privy appeared to be in good repair. The mother is 23, and 8-1/2 months pregnant. She began prenatal care following the first visit by the public health nurse. The first child in the family has cerebral palsy, is bed-ridden, mal-nourished, anemic and retarded. The family had not considered institutionalization, and seems to accept this child with severe limitations as a responsibility of the family and had not explored any services from the State. The 16 month old child in this family had severe diarrhea on the first visit. The public health nurse had advised medical care, but none was secured for him.

Family No. 4 - Six children under nine years of age. The mother is 25 and eight months pregnant. Began medical care after the public health nurse's visit. The family lives in a house about three miles from town. There were

no screens. The furniture was inadequate, and the nurse could not recall the water supply source or a refrigerator.

Family No. 5. Four children under five years of age. The five year old had whooping cough in May, and was seen by a local physician. The other children also had severe coughing and vomiting. The three month old infant was in the local hospital for a week. The family moved and it was impossible for the nurse to make followup visits.

Family No. 6, 7 and 8. Housing at Marienthal: There were four adults and 17 children living in about a five room house. The children didn't go to the center, as the mother didn't want them at home by themselves all afternoon. They were therefore taken to the fields with the parents. One of the families had eight children, the youngest six months old. Another family, parents and son, lived in "woodshed adjacent to the house." The housing was the poorest in the county. The water was from a well close by but the garbage and trash in the yard would discourage anyone from living there. Much of the furniture was not usable.

Followup visits to local physicians following physical examinations, public health nurse visits and screening procedures were good. A number of the families left the community prior to completing correction or referral, so that contacts will be made with the Texas State Health Department. Medical care in this area is sought from the one physician in the county as well as two physicians in a neighboring county. Most of the children, as evidenced by low immunization levels, particularly the lack of smallpox vaccination and by medical histories, have not received preventive health services. Many of the children had been hospitalized in infancy or later with serious illnesses. It was found through the program that it was possible to motivate the families to seek health care; however, they did not clearly understand why they were referred on to another physician following the initial physical screening. It would be desirable for the initial health examination to be performed by local physicians as well as the furnishing of preventive medical services. Dental care in the community is not available due to the lack of a local dentist.

The Family Health Record of the American Medical Association was provided to 19 families by the public health nurse and the migrant ministry worker, along with a discussion of the health problems of each child with the family. All findings were recorded in this book, and in general the record seemed to be well accepted by the families. Information on immunization, tuberculin testing, as well as health education literature, was given to the families on family night.

It would be desirable, if possible, to locate the day care center at the public school or other more suitable quarters next year which might provide better indoor and outdoor facilities as well as play equipment for the children.

In conclusion, Miss Bierdeman, who coordinated the health program, states: "This program certainly was worthwhile. The migrant ministry's duty was fulfilled - Matthew 25:35-40. "Inasmuch as ye have done it unto the least of these, my brethren, ye have done it unto me." It appears these people appreciated the help extended to them when mothers and fathers thank you for coming - a mother asks if you have all the information you need for the records; asks, "are you coming next year?" - "Have the children helped put supplies away?" and with almost 100 percent followup on referral for medical care. At least, the families were motivated to seek the needed medical care.

KEARNY COUNTY

Mrs. Clare Fawcett, Public Health Nurse in Kearny County, participated in the migrant health program at Holcomb in the summer of 1962. When she was contacted this last winter by Rev. Raymond of the Presbyterian Church for assistance in organizing a day care center for migrant children in Lakin, she wus very enthusiastic. They selected a board of five people representing different areas of the county. Following several board meetings, an open community meeting was held and people were asked to indicate the areas of activities in which they would like to work. Also, slides were shown, furnished by the State Health Department, to illustrate to community groups the problems and needs of migrant families. By June 5, 1963, the entire program was planned. The Migrant Ministry of the National Council of Churches agreed to place a staff worker, Mr. Frank Tamez, in Kearny County during the weeks of activity. The State Health Department agreed to develop health services in cooperation with the local health officer and public health nurse, similar to those provided at Holcomb. The cost of operating the center was borne by the community.

A week prior to beginning of school, Mr. Tamez and Mrs. Fawcett called on approximately 20 families, explaining the program and acquiring health histories and parental consent for immunizations, physical examinations, and tuberculin testing.

DAY CARE CENTER

The center was located in the display building at the fair grounds approximately one and a half miles west of town. This was a concrete block building with kitchen facilities and two bathrooms. Suitable furniture of round tables and small chairs was borrowed from a local church. The physical environment was basically good. There was no outside play equipment for use by the young children. The center was staffed by five volunteer kindergarten and school teachers. The food was prepared by a different group each week and brought into the center each day. The first week the food was prepared by the Lakin community, the second week by the North Kearny Home Demonstration Unit coming from as far as forty miles away, and the third week the Women of the Deerfield Methodist church. Arrangements were made for the children to be taken to the swimming pool twice a week. The daily program schedule was as follows: 9 to 9:15 A.M. opening session; 9:15 to 10 A.M., crafts; 10 to 10:15 A.M., refreshments of milk or fruit juice; 10:30 to 11:30 A.M., free play for younger children and remedial classes for older children. (The remedial classes included reading, arithmetic, music, and language.) 11:30 to 12, clean-up; 12 to 12:30 P.M., lunch; 12:30 to 1 P.M., rest period; 1 to 2 P.M., recreation films, bible stories and games; 2 to 2:45 P.M., arts and crafts; 2:45 to 3 P.M., clean-up and dismissal.

There were 27 to 30 children attending the center each week day from June 10 to June 28.

HEALTH PROGRAM

The health program included:

Health Histories

Twenty-nine histories were obtained as described earlier. The ages of the children were: 6-13 years of age - 21; 2 through 5 years of age - 13. One of the most

significant findings from the histories was the fact that none of the children had ever been seen by a dentist. The immunization level among this group of children appeared to be higher than in children in the other programs. Other significant information gained from the histories showed that there were:

- two children with hay fever;
- one family with a history of tuberculosis;
- one child who had had severe diarrhea in infancy;
- two children who had had pneumonia in infancy;
- a 5-1/2 year old girl with draining ears who did not subsequently appear for a physical examination or audiometric testing.

Health Examinations

These were performed by Dr. Arnold Gilbert, a pediatrician with the Kansas State Department of Health. Pertinent findings were:

- Cryptorchidism in a six year old boy, left;
- internal rotation of the femur with an abnormal gait - four year old girl;
- a seven year old girl with extreme hyperactivity, suggesting brain damage or chorea;
- an eight year old boy with strabismus (left esotropia - vision screening, left 20/100) and a systolic murmur, suggesting a ventricular septal defect;
- one child who had diminished hearing by audiometric screening was found to have excessive cerumen which was removed at the time of the physical examination.

Screening Tests

Vision screening with Snellen eye chart was performed for 16 students ages 5 through 12. One child had 20/70 vision and frequent headaches. He was seen by an optometrist in Garden City who did not believe correction was indicated. The other child with strabismus and 20/100 left eye, was referred but referral could not be completed.

Hearing. Hearing screening was performed with a pure tone audiometer by a public health nurse for 16 students, ages 5 through 12. The findings were as follows: Three children in need of referral. A thirteen year old girl with severe hearing loss in one ear, moderate hearing loss in the other. An eight year old girl with moderate hearing loss bilaterally. A ten year old boy with moderate hearing loss.

Tuberculosis. Tuberculin tests were performed on 21 children. Four positive reactors were found and families were contacted by the public health nurse. Three of the children had had previous positive tuberculin tests and had been x-rayed six months ago. The fourth positive test was in a 5 year old girl whose siblings of 7, 8, and 11 years were all negative. An x-ray was taken and sent to Norton for review. The x-ray was not in complete alignment and Norton asked that another x-ray be made. Although there was some striation in the right upper mediastinum, their recommendation, in view of the positive tuberculin, was Isoniazid, 10 milligrams per kilogram of weight for approximately

a year. The family left Kearny County prior to completion of followup.

Immunization History

Information was gathered on 32 children. The percentage of children with no protection and partial or complete protection is as follows:

	DPT ot DT	Polio	Smallpox
No Protection	44%	8%	37%
Partial or Complete Protection	56%	46%	63%

Details on polio immunizations were: 16 percent had received one dose of Sabin oral; 30 percent had received two doses of Sabin oral; and 46 percent had received three doses of Sabin oral. Number receiving DPT or DT in the last five years - 56 percent. Sixty-three percent had been vaccinated against smallpox. Immunizations given through health program: 10 children received DPT or DT and 10 children received Sabin type I.

Dental inspections were conducted by Dr. W. R. Bellinger of the Kansas State Department of Health. Total number of children examined - 24; number of deciduous cavities - 16; number of permanent cavities - 5.

Height and Weight Determinations

Twenty-seven chidren were weighed and measured by the public health nurse and volunteers. Ten of these children were 3 percent or less for height and weight. For weight only, percental groups were: Over 50 percent - 4; 25-49 percent - 6; 10-25 percent - 5; 10 percent and under - 12; 3 percent and under - 4.

The family night gathering was held weekly with the public health nurse attending. Family health records were furnished to the families at the end of the program. Mrs. Clara Fawcett summarizes her impression of the program for this summer as follows: "I feel that this program was most successful and the children were most appreciative. As to improving the program, it could be better if there were definite funds available. The community was wonderful in furnishing food and materials, but I would hesitate to ask them to do this regularly. We have already met and discussed ways of improving the program for next year, so we are looking forward to another school."

GRANT COUNTY

A day care center was held in Ulysses in Grant County for the first time this year. The center was conducted by the local Council of Churches with the assistance of the Migrant Ministry of the National Council of Churches. Visits to the center were made by the district public health nurse, Miss Lena Bierdeman. An initial survey of health problems through family visitation was also made by Miss Bierdeman. No formalized health service program was offered this year. The center was located at the Spring Valley School southwest of Ulysses. The part-day care program was conducted July 22 to August 14, 1963, by local volunteers. Mr. Frank Tamez and Miss Delores Luna, of the Migrant Ministry, assisted in the area. The ages and number of children attending the center were: 3 to 5 years - 14; 6 to 8 years - 12; 9 to 12 years - 18; total - 44. The school building was in good repair. There was play equipment in the yard the the yard was sodded. The school building is to be torn down in August of 1963 and it is hoped that space will be secured for the center at the elementary school in Ulysses next year where a cafeteria is available so that a hot lunch can be served.

Health Survey

The total number of families visited was 18, with 7 from Texas, 7 permanent Mexican residents of Ulysses; two families from Reno County; and two from Stanton County. The total number of children visited by the public health nurse was 62, with 41 from Kansas and 21 from Texas. The following health conditions had received medical attention in the families visited:

- One tonsillectomy and adnoidectomy - recent
- One annual examination for post-operative care on a hysterectomy two years ago
- One prenatal care starting at six weeks, now approximately six months;
- One ear infection
- One delivery
- One physical examination of husband for work
- One child for diagnosis and treatment (measles)
- One infant for diarrhea
- Two children with throat infections
- One child with post-polio from Texas under care by the Crippled Childrens Commission

immunizations of Kansas Mexican Residents and Texas Migrant Children

	Kansas	Texas
Number of children	22	21
DPT - one dose	2	0
DPT - Series	20	10
DPT - None	11	11
Smallpox vaccination	13	8
No smallpox vaccination	20	13
Oral polio Sabin - 1 dose	6	5
Oral polio Sabin - 2 doses	8	2
Oral polio Sabin - 3 doses	10	10
Oral polio Sabin - no doses	9	4

The age range of the children in the survey was from one month to 14 years of age. Approximately 100 percent of the children under 6 years of age were not immunized. The parents waited until the child was old enough to go to school before giving this protection. They saw no need for immunizations while the child was home, however the parents would have had the children immunized if this service were available. Permanent residents were advised that Kansas had an immunization law. The Spanish instructions on these immunizations were left with these families. They were referred to the local health officer, Dr. Brewer, since they felt that they could not afford the protection.

The Mexican permanent residents of Kansas were very much interested in having their children go to the day care center. They will attend next year, too.

Housing Survey. In Ulysses, the four houses on North Missouri street are the same ones seen by the original survey in 1961. Each year the houses appear to be in poorer condition. Flies, garbage and trash, plus the dilapidated toilet minus the door, are always in evidence. The houses on South Missouri are now used by permanent residents, some of whom are Anglo-American. The poorest housing had eight children living in it, all permanent Mexican residents. In Big Bow, there are two old buildings used by migrants which appeared in worse condition than any of the other housing. The families pay approximately 20 dollars a month for the shacks.

Although there were only 44 children attending the group day care center this year, should the permanent residents also attend, the total number might be 60 to 80 children. There is a need for extension of the day care center over more weeks since migrant labor is used as long as twelve weeks in this community. According to Miss Bierdeman, "A beginning has been well made by the community in providing the center this year and it is hoped that it can be extended next season."

WYANDOTTE COUNTY

For the past several years, the Wyandotte County Health Department has been aware of sanitation and health problems of migrant families from Texas who come to Wyandotte County during the summer to work in the vegetable crops. Prior to this summer, an outbreak of hepatitis directed the health department's attention to the unsafe water and sewage systems at one camp. Health problems of school age children had also been brought to their attention as some of the children attended Wyandotte County schools for brief periods of time. In the summer of 1963, the Wyandotte County Health Department requested assistance from the State Health Department in the evaluation of some of the conditions. Particular attention was given to preparation of packaged vegetables. Public health nurses of the Wyandotte County Health Department began making periodic visits to the three settlements at Edwardsville, Wolcott and Muncie. A joint visit was made to two of the camps by local and state health department staff in June. Migrants are in the area between the months of May and October with the peak number of approximately 300 persons in each settlement, to a total of 900 in mid-summer.

At Edwardsville, housing is provided in quarters on the periphery of the packing sheds, usually one room to a family. The rooms themselves are fairly well maintained. The problems, however, are poorly maintained joint privies, separate from the living quarters, and water supply from a faucett outside of the shed which must be toted to individual quarters for all purposes. The children accompany their parents while working in the fields or play about the packing shed, casually supervised by older siblings or one of the pregnant women who is not working in the fields. The crew leader's wife and family are also housed in somewhat more spacious quarters at the shed. They take a strong interest in the families residing there. All of the families were large -- 6 to 8 persons. One preschool child was seen with paralysis from polio; a mother who was eight months pregnant had not yet visited a physician; a teen-age girl with paralysis in one extremity from polio; and another teen-age girl with rheumatic heart disease. The crew leader's wife agreed to bring the children into the Wyandotte County Health Department for immunizations. The majority of the families have had some immunizations for polio but were quite lacking in smallpox, diphtheria, tetanus and whooping cough protection. A number carried cards indicating their polio immunizations.

The other settlement visited by joint staff was at Wolcott, where families were housed in abandoned buses. Usually there was one bus per family. In some cases, larger families occupied two buses, using one bus for sleeping and the other bus for kitchen facilities. Flies were a problem and the buses naturally did not have screens. A number of preschool children played unsupervised while parents were working in the fields. No charge is made for the bus accommodations and the population of the bus camp is constantly fluctuating. The week of the visit, the census was low as a large number of families had left for Bixby, Oklahoma, where they heard there was a need for additional laborers in that area. A 16 year old girl, who had just arrived from Texas, pregnant and due to deliver at any moment, was anxious as she was unaware which physician or hosopital to turn to, and was appreciative of the advice and assistance from the public health nurse. In all visits, it was noted that the children were in need of supervised day care, preventive health services, and improvement in sanitation facilities.

There was considerable publicity - television, radio and newspaper coverage - this summer concerning camps in Wyandotte and mounting interest of community groups

in migrant problems. Rev. Don Schomacher, of the Bethel Presbyterian Church, Chairman of the West Wyandotte County Ministerial Alliance, coordinated arrangements for a one-week full-day care center conducted at the Wolcott church. The Kansas Council of Churches assisted in obtaining a trained nursery school teacher for the preschool group, Miss Janet Huntsinger, and the school age group program was directed by Mr. Frank Tamez, of the Migrant Ministry. Approximately 30 children attended the center. A noon meal was prepared by church groups on the outside and brought into the center. Play equipment and furniture were furnished by local church groups. The physical facilities were cramped and somewhat inadequate, however the children thoroughly enjoyed the experience. There was no water source within the church and there were a number of accident hazards on the premises. It would be desirable if quarters could be obtained in the elementary school for the operation of the day care center another year. It would also be highly desirable to extend the operation for a three-months period of time. The interest of community groups is high and they are to be commended for the beginning program this year.

SUMMARY OF HEALTH SURVEY
of 200 Children of Migrant Workers in Western Kansas
1963

Children of migrant families were surveyed by physical examinations, screening programs and health histories, in Finney, Wichita and Kearny Counties. The survey includes information obtained at the day care centers in Holcomb, Leoti and Lakin, and from home visits made by public health nurses.

	Holcomb	Leoti	Lakin	Total
Some health information obtained	91	75	34	200
Recorded ages Total	70	62	34	166
6–12 years	34	36	21	91
2–5 years	29	23	13	65
Under 2 years	7	3	0	10
Health Histories Obtained	88	39	29	157

Summary of Pertinent information from these 157 histories:

Severe diarrhea in infancy	8	Whooping cough this summer	8
Severe anemia	5	Behavior problems	3
Draining ears	8	Retarded development	3
Pneumonia in infancy	12	Mongol 1	
Febrile convulsions	3	Cerebral Palsy 1	
Allergies	5	Polio with residual paralysis rt. leg	1
Asthma 1		Frequent colds and sore throat	20
Penicillin 2		Headaches	2
Hay Fever 2		Can't hear	3

	Holcomb	Leoti	Lakin	Total
Physical examinations given	69	38	21	128

Summary of physical examinations performed on these 128 children:

Obesity	4	Orthopedic defects	4
Clinically malnourished	19	Extreme hyperactivity (undiagnosed chorea? brain damage)	1
Possible rheumatic heart disease	1	Vision problems	8
Possible congenital heart disease	2	Legally blind 1	
Cryptorchidism	1	Strabismus 4	
Cerebral Palsy & Retardation (severe)	1	In need of refraction 3	
Mongolism	1	Hearing loss	3
Malocclusion or malalignment	4	Acute otitis media	5
Severe dental caries	29	Chronic fungus infection of ear	2
Corneal opacity	1	Acute tonsilitis	3
Polyp of vocal chord	1	Low grade upper respiratory infection, i.e., nasal exudate, cervical adenopathy, hypertrophied tonsils, post nasal drip, etc.	17
Cleft palate with incomplete repair and speech defect	1		
Umbilical hernia	1		
Anemia - clinically	5		

Summary of physical examinations (continued)

Vaginitis	1	Skin problems	7	
Childhood tuberculosis (in need of Isoniazid treatment)	2	Psoriasis	1	
		Fungus infection - face	1	
Retarded development	2	Curious scars over the body - beaten?	1	
Acute mouth injury	1	Multiple insect bites	3	
Chronic lung disease and under-nutrition, underdevelopment - 8 months old	1	Second degree burn, healing	1	

	Holcomb	Leoti	Lakin	Total	
Tuberculin Screening	2 positive 1 equivocal	38 no pos.	21 4 pos.	109 6 pos. or 4.6%	
Vision Screening	30 2 referrals	42 3 (2 additional referrals following physical examination.)	16 2 referrals	88 9 referrals	
Hearing Screening	30 No referrals	42 No referrals	16 3 with hearing loss (1 - severe hearing loss 2 - moderate hearing loss)	88 3 with hearing loss	
Measurements - Height & Weight				128	
Percentile groups (0-4 - Harvard School of Public Health) (5-14 - Iowa Child Welfare Research Station)					
3% or less for height and weight	18	14	10	42	
6-12 years	9 out of 34	10 out of 36	6 out of 17	25	
2-5 years	8 out of 29	6 out of 23	3 out of 10	17	
Weight only					
Over 50%	20	13	4	37)	
25%-49%	14	8	6	28)	128
11-25 percentile group	7	5	5	17)	
10% and under	22	12	12	46)	
(Of this group, 3% and under)	13	9	4	26	

Based on weight only of the children measured, 20% fell in a percentile group of 3% or less. Clinically, by examination, there were 19 children out of 128 who were found to be malnourished - 14%.

	Holcomb	Leoti	Lakin	Total	Kansas
Immunizations:					
Histories:					
No protection					
Number of children	73	42	32	147	
DPT or DT	48%	52%	44%		12.0 %
Polio	27%	44%	8%		6.5 %
Smallpox	75%	71%	37%		29.0 %
Complete Protection					
DPT	29%	32%	56%		45.0 %
Polio	38%	19%	46%		59.0 %
Smallpox	25%	29%	63%		50.0 %
(Lakin – information insufficient to indicate whether some of these children were only partially protected)					
Immunizations given through program					
Sabin (Polio Type I)	64	28	10	102	
DPT or DT	42	36	17	95	

Maternal and Infant History:

This information was obtained from interviewing a sampling of families and is not statistically significant but shows certain patterns.

Feeding practices: 11 families interviewed revealed that 9 mothers nursed all of their infants and 2 mothers bottle-fed the infants.

Miscarriages: 13 miscarriages were reported.

Pregnancies: There were 7 mothers pregnant, most in the last trimester, 6 of whom began prenatal care following public health nurse visits or conferences.

Stillborns and Infant deaths: History of 2 infants born dead; 11 deaths reported in infancy.

Illustrative families:

1. Ten children alive; 4 miscarriages.
2. Four children by Cesarean section; 1 miscarriage.
3. Eight children in the family; "mother overburdened according to the nurse."
4. Eight children in the family -- 6-21 years; 1 infant had died with pneumonia.
5. Seven children in the family under 8 years of age.
6. Six children alive; 3 miscarriages; 2 infants dead.
7. Five children, all under six; 2 miscarriages.

Results of the Dental Study of Children of Migrant Workers
in Holcomb, Leoti and Lakin, Kansas - Summer of 1963

The dental survey of the mouths of children of migrant workers in Holcomb, Leoti and Lakin, Kansas was for the purpose of determining the dental caries experience both in the deciduous and permanent teeth. The surveys were made in June 1963.

In Holcomb, the dental survey was conducted by four dentists living in Garden City, a distance of eight miles from Holcomb. In Leoti and Lakin the dental survey was conducted by the Director of the Division of Dental Hygiene, Kansas State Department of Health. An effort was made to establish uniformity of diagnosis among the various examiners. A tooth was considered carious if the lesion was clinically obvious or if the explorer penetrated into soft yielding tooth structure. Pits or fissures which did not represent one of the above criteria were not considered to be carious even though the explorer could be made to catch.

For determining the dental caries experience, the usual classification of DMF (decayed, missing, and filled) for permanent teeth and d-e-f (decayed, extracted and filled) for deciduous was used. However, only one child at Holcomb was recorded has having lost permanent teeth (two teeth missing), and none were recorded at Leoti or Lakin. No fillings were evident in the 68 children examined at Holcomb and in the combined 72 children examined at Leoti and Lakin. The dental caries experience was not adjusted for the relative number of children examined.

Out of the 68 children examined at Holcomb, 41 percent were caries free. Out of the 72 children examined at Leoti and Lakin, 48 percent were caries free.

Compared to a study of the dental caries experience of school children in Kansas City, Kansas, the DMF rate of .98 for the Holcomb children ages 6-13 is only approximately one-half the rate for the same age group in Kansas City -- namely 2.08. For Leoti and Lakin the rate is only one-tenth that for the Kansas City children. Without a complete history of the children involved in the surveys of the three cities, it is impossible to explain the greater DMF and d-e-f rates at Holcomb compared to the rates at Leoti and Lakin. (See table)

The study revealed that the dental caries experience of the children of migrant workers is much less than Kansas children living in a city without the benefit of maximum fluoride in the public water supply. (For Kansas City the average fluoride content is 0.5 ppm). The study also revealed that either through lack of interest, knowledge, or finances no effort had been made to restore carious teeth. The study provides a means for making an estimate of the approximate cost of providing dental care for children of migrant families living in the three cities where the surveys were made.

City	Age	No. of Children Examined	Teeth Decayed		d-e-f rate	DMF rate
			Dec.	Perm.		
Leoti and Lakin	3-5	19	10		.53	
	6-13	53	87	12	1.64	.23
	3-13	72	97	12	1.21	
Holcomb	3-5	24	62		2.60	
	6-13	44	90	43	2.05	.98
	3-13	68	152	43	2.20	

INMUNIZACIÓN DE LOS NIÑOS

UNA GUÍA

PARA LOS PADRES

Inmunización de los Niños

La inmunización contra las enfermedades infecciosas es una protección accesible a todos los niños. Es tan importante a la salud de su niño que no se debe omitirse por descuido.

Las inmunizaciones (o inyecciones) contra la poliomielitis, viruela, difteria, tétanos, y tosferina, prevendrán estas enfermedades.

Se puede considerar como seguridad para la salud de su niño. No es diferente de seguridad que se compra para la protección contra los daños a sus carros o casas. Muchas familias compran este tipo de la protección sin pensar que su casa va a quemarse. Pero estas mismas familias, cuando esté una cuestion de la salud, no buscan la ayuda de un médico hasta que se hallan enfermos con los síntomas muy graves.

Es mejor comenzar las inmunizaciones muy temprano. Los infantes (bebes), hasta ser dos meses de edad, tienen alguna protección natural. Despues, ellos pueden ser susceptibles, sino recibir las inyecciones contra la difteria, tétanos, tosferina, viruela, y polio. En otras palabras, es mejor comenzar las inyecciones antes de las dos meses de edad.

Estas enfermedades no se han disparecidas. Porque muchas personas han tomado las inyecciones, hay un menor número de casos. Las epidemias todavía están posibles! Las inmunizaciones constituyen la mejor protección para sus ninos contra estas enfermedades infecciosas.

Una ley en Kansas requiere que cada niño (niña) admitido a las escuelas de este estado para la primera vez presente una certificación de un médico, que este niño se ha recibido, o está recibiendo las inmunizaciones contra la polio, viruela, difteria, tosferina, y tétanos.

Las palabras "Todos los niños admitidos a una escuela de Kansas para la primera vez" incluyen todos los niños que vienen de otros estados, lo mismo que ellos que están comenzando

el primer grado. Los ninos pre-escolares se necesitan las inmunizaciones, al lado de los infantes y los niños de edad escolar.

Se pueden poner las inmunizaciones excepto cuando el niño tiene una enfermedad temporal. Se debe ponerse cuando está sano. "Booster" inyecciones están importantes porque una inyección no se dará la protección permanente a cualquiera enfermedad.

Los tiempos siguientes se han recomendados para tenerse los niños sanos:

1. Difteria, tosferina, y tétanos - "tres-en-uno" - tres inyecciones - separados por un mes - comenzando a las cuatro a las seis semanas de edad. "Boosters" - una inyección dada un año despues la serie, a cada tres años.
2. Polio - dos inyecciones separadas por un mes. La inyeccion tercera se pone a los siete meses después de las primeras. La inyección cuarta se pone a un año después de la inyección tercera.
3. Viruela - se pone la vacuna a los cuatro a doce meses de edad. Las vacunaciones siguientes se ponen cada cinco años.

Es posible que su médico propio hará cambios en estos tiempos.

Recordad:

1. Al comenzar lo más temprano es la manera mayor para evitar estas enfermedades peligrosas.
2. Es importante para tener un registro de las inmunizaciones de cada niño (niña).
3. Si una epidemia ocuriera, las inyecciones adicionales puedan ser necesarias.

Si Usted quiera más información, pregunte a su médico.

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State Office Building
Topeka, Kansas

Fecha_____

Nombre del niño_____ Dirección_____

Nombre del padre_____ Nombre de la madre_____

A los padres:

Las cuestiones que siguen ayudarón al médico que irá a examinar a su niño, para aprender de él, de modo que se pueda hacer mucho mejor el exámen de este niño or esta niña.

1. ¿ Ha tenido estas enfermedades su niño, or niña? (Si a No)

   a. Sarampión rubeola_____ b. Parótida, papera_____
   c. Viruelas_____ d. Tosferina_____
   (viruelas locas, varicela)

2. Favor de indicar el tipo y número de las injecciones que su niño (niña) ha recibido.

   a. Contra Difteria_____ Tosferina_____ Tétano_____
   b. Contra Poliomielitis_____
   c. Vacuna contra Viruelas_____

3. ¿ Ha tenido este niño alguna enfermedad grave?
   Si_____ No_____ (Si la respuesta es "Si" favor de explicar)

4. ¿ Ha estado enfermo este niño despues de recibir alguna medicina or injeccion?
   Si_____ No_____ (Si la respuesta es "Si" favor de explicar)

5. ¿ Ha tenido su niño a niña?

   a. Convulsiones_____ d. Amebiasis_____
   b. Algeria_____ e. Tifoidea_____
   c. Tuberculosis_____

6. ¿ Ha estado enfermo gravemente alguién de la familia recientemente? Favor de explicar.

7. ¿ Tiene alguién en la familia estas enfermedades?

   a. Tuberculosis_____
   b. Convulsiones_____
   c. Alergia_____

8. ¿ Está usted se preocupado acerca de su niño? (Si la contesta es "Si," favor de explicarse.

6-1-62

CHILD'S NAME_____ Address_____

Birth date_____

Father's Name_____ Mother's Name_____

Dear Parent:

The questions which are listed below will help the physician, who is examining your child, learn about him or her, so that a good job can be done.

1. Has your child ever had:

   a. Measles_____ b. Mumps_____
   c. Chickenpox_____ d. Whooping Cough_____

2. Please indicate the type and number of immunizations your child has received:

   a. DPT or 3-in-1 (Diphtheria, whooping cough and tetanus)_____
   b. Polio_____
   c. Smallpox vaccination_____

3. Has your child ever been seriously ill? Yes_____ No_____
   Please explain if the answer is "yes."

4. Has your child ever been made sick by medicine or injections?
   Yes_____ No_____
   Please explain if the answer is "yes."

5. Has your child had?
   a. Convulsions_____ c. Tuberculosis_____
   b. Allergy_____ d. Other_____

6. Has any member of the family been seriously ill recently? Please explain.

7. Does anyone in the family have?
   a. Tuberculosis_____
   b. Convulsions_____
   c. Allergy_____

8. Does your child worry you?_____ If so, why?_____
   Explain

Doy mi permiso para que el medico examine a mi hijo de modo que el pudiera asistir en el programa de centro de parvulos en Holcomb, Kansas.

_____
(Firma de uno de los padres)

También, doy permiso que el médico podría darle la prueba de tuberculosis y anemia and las injecciones contra las enfermedades infecciosas, que el médico se siente están necesarias.

_____
(Firma de uno de los padres)

I give my permission to have my child _____
Child's name

_____ examined by a physician for the purpose of attending the day
age

care program

_____
Parent's signature

I also give permission to have my child tested for tuberculosis and anemia

and to have immunizations as recommended by the physician

_____
Parent's signature

6-1-62